Name in Full — Bell

Certificate of Death

Died at Town Oakland County Garrett MARYLAND

Date 1898 Month Oct. Day 18 | Age Y. 6 M. 0 D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary — Immediate — 161

How long sick

Accident, Suicide, Homicide

Reported by Garrett Journal 10-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Amelia Buck

Certificate of Death

Died at Town Oxford County Talbot MARYLAND

Date 189 8 Month Oct Day 31 Age Y. 51 M. D. Native of Occupation Housekeeper

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Ephraim J. Bruiger

Father's Name Mother's Name

Cause of Death: Primary Chronic Nephritis — How long sick 2 yrs

Immediate Paralysis. Heart Failure — Accident, Suicide, Homicide

Reported by M. C. Hurlock

Address Oxford, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Peter Coelyre

Town

Died ~~at~~ near Bloomington County Garrett MARYLAND

Month Day Y. M. D.

Date 1898 10 26 Age 5-0 Native of Occupation man

railroad watch

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name used

Cause of Death { Primary Killed by train

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by The Courier 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Edgar

Died at Town Hagerstown County Garrett MARYLAND

Date 189 8 Month Oct Day 5 | Y. M. D. | Native of | Occupation | Age

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name John A. Edgar

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Journal, Oakland Oct 13th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Chas Enlow

Certificate of Death

Died at his home Town Oakland County Garrett Co MARYLAND

Date 1898 Month Oct Day 6 Age Y. M. D. Native of Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Enteric fever 1 How long sick 3 weeks

Immediate perforation of intestine Accident, Suicide, Homicide

Reported by H. W. McComas

Address Oakland, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John. M. Frantz ✕ Certificate of Death

Died at Town near Sand Spring County Garrett MARYLAND

Date 1898 Month Oct. Day 28 Age Y. 57 M. 7 D. 1 Native of ond Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

Husband of Wife Hester Frantz

Father's Name Mother's Name

Cause of Death { Primary groth in stomac 81 How long sick a long time

Immediate ~~Accident, Suicide, Homicide~~

Reported by S Savage & Son Undertaker

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. over

LIBRARY BUREAU, 88088

the atending physician lives in
markleysburg Pa

Name in Full

Certificate of Death

Amelia Finiger

Died at Town: Oakland County: Garrett

MARYLAND

Date 1898 Month: Oct Day: 5th | Age Y. 50 M. 0 D. 20 | Native of | Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of E. J. Finiger

Father's Name Lewis Bush

Mother's Name 15-5-a

Cause of Death: Primary Paralysis Dropsy.

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by (Mountain Democrat: Oakland, Oct 6th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

× Rev. Geo L. Uhler St Marks Lutheran Oakland
Nov. 22

Name in Full

Christian I Kerling

Certificate of Death

Died at Town Mt. Carr County Gnst MARYLAND

Date 1895 Month Oct Day 19 Age Y. 36 M. D. Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Ida S Whorrel

Father's Name

Mother's Name

Cause of Death Primary Diphtheria

Immediate Heart failure

How long sick

Accident, Suicide, Homicide

Reported by M. C. Armbaugh

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Ernest B. Kerling

Certificate of Death

Died at Mt Lake Park (Town) Garrett (County) MARYLAND

Date 189 8 Month Oct Day 8 | Age Y. 11 M. 5 D. 8 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of ~~Christian A Kerling~~

~~Father's~~ Name Christian Kerling | Mother's Name Ida S. Wood

Cause of Death: Primary Diphtheria 89 | How long sick 2 weeks

Immediate ~~Heart failure~~ | Accident, ~~Suicide~~, Homicide

Reported by M. C. Hinebaugh

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

William Robert Laughlin

Died at Town: Deer Park — County: Garrett — MARYLAND

Date 1898 — Month: October — Day: 3 — Age Y. 26 M. 6 D. — Native of: Md — Occupation: Telegraph Op

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: John S Laughlin

Mother's Name: Sarah A Shank

Cause of Death — Primary: Consumption — How long sick: 18 months

Immediate: —

~~Accident, Suicide, Homicide~~

Reported by: Dr J W Laughlin

Address: Deer Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Laffey

Died at ~~Town~~ Frankville County Garrett MARYLAND

Date 189 8 Month Oct Day 8 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Journal, Oakland Oct 13 11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Lown

Died at Town: Mountain Lake Park County: Garrett MARYLAND

Date 1898 Month: Oct Day: 5 | Age Y. M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name: Joseph Lown | Mother's Name: Lown

Cause of Death: Primary | Immediate | How long sick | Accident, Suicide, Homicide

161

Reported by: Journal Oakland Oct 13th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Montgomery

Certificate of Death

Died at Town North Glade County Garrett MARYLAND

Date 189 5 Month 10-14 Day | Age Y. 33 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband / Wife of

Father's Name Calvin Savage Mother's Name

Cause of Death: Primary Consumption 22a How long sick

Immediate

Accident, Suicide, Homicide

Reported by Democrat

Address Oakland 10-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Aloyd capola Savage

Town

County

Died ~~in~~ the country of Garrett MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189[illegible] Oct 11 Age 5 . 9 Md —

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 3

Husband of

Wife

Father's Name Albert Savage

Mother's Name Lydia alice Savage

Cause of Death { Primary diptheria

Immediate

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by Undertaker S. Savage & Son

Address Friendsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Now ~~doctor~~ Physicians on this case
therefore I cant give you
a doctor.S certificate

Name in Full — Certificate of Death

Ann Elizabeth Spiker

Died at — Town: Grantsville — County: Garrett — MARYLAND

Date 1898 — Month: Oct — Day: 15 — Age: Y. 80 M. 6 D. — Native of: Maryland — Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Michl Spiker dec'd

Father's Name: Dan Rhodes — Mother's Name: 141

Cause of Death — Primary: Old age — How long sick: 30 days

Immediate: Did not see her for 3 weeks before death — Accident, ~~Suicide, Homicide~~

Reported by: H. L. Bevans M.D.

Address: Grantsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU